

AHCCCS E.V.V.

ELECTRONIC VISIT VERIFICATION

Frequently Asked Questions (FAQ)

AHCCCS Service Confirmation Portal

FAQs December 2020

What is the AHCCCS Service Confirmation Portal?

Providers use the portal to “self-authorize” or inform health plans of their intention to provide an EVV service that does not require prior authorization by a health plan.

Why is the AHCCCS Service Confirmation Portal Required?

The Center for Medicare and Medicaid Services (CMS) must certify AHCCCS’ sponsored EVV system, Sandata Technologies. As part of the CMS certification process, AHCCCS must demonstrate the EVV system is used to avoid payment for unauthorized or unapproved services by reconciling the linkage between members, providers, services, units and EVV visits prior to claims payment. A key element of linking all this data together is the service authorization. Some services require prior authorization by the health plans and some do not. The portal is a supplement to the current prior authorization process and is necessary for providers to use in order to get paid for services that don’t require prior authorization by a health plan.

Is the AHCCCS Service Confirmation Portal different from an EVV System?

Yes. The portal is not an EVV system. It is required as part of the EVV program because it is a supplement to the prior authorization process. It is only required to be used by providers when they are providing an EVV service that does not require prior authorization. This data is communicated to the applicable health plan and then is included in the authorization files provided by either the MCO or AHCCCS to Sandata to link to EVV visits.

Where do we find the portal and how do we access it?

The portal is accessible in the [AHCCCS Online system](#). The new AHCCCS Service Confirmation Portal will only be available to a specific group of provider types. For provider types permitted to use the portal, the account administrator (Master account holder) will have the ability to grant system access to users. If the provider is not permitted to use the EVV Service Confirmation Portal, the “EVV Service Confirmations” option will not be visible in the list of sub-systems.

Will the Master Account holder have access to authorizations that were submitted by another account holder?

All account holders (Master and Individual) can view a list of EVV service confirmation records submitted for their provider or any affiliated provider, regardless of who submitted it.

When do we start to use the AHCCCS Service Confirmation Portal?

Providers are required to enter in service confirmations for dates of service beginning 01/01/21. Service confirmations will need to be entered for members receiving a service that does not require prior authorization, both existing members and any new members served after 01/01/21.

Note: If you are a Sandata system and plan to start EVV prior to 01/01/21, you will need to enter in service confirmations for members that you want to use when trying out EVV. Otherwise, you won't be able to view members in the EVV system.

For agencies who receive authorizations from the health plans for EVV services, is it safe to say that the AHCCCS Service Confirmation Portal is not needed at all?

Correct, if a provider receives authorizations from health plans for EVV services the portal is not required and should not be utilized.

What services require prior authorizations?

Health plans have their own requirements for prior authorization and can vary from one another. Links to the health plans prior authorization requirements are provided in the PowerPoint posted to the AHCCCS website.

Can we use the AHCCCS Service Confirmation Portal even if the health plan requires prior authorization? Should we use it if the health plan is late in giving the provider an authorization?

No. You should only use the portal if the health plan does not require prior authorization of a service. If you utilize the portal for a service that also requires prior authorization, it will cause that authorization to be effectively duplicated in the EVV system and overstate the actual units available and resulting in access to care reporting discrepancies. For example, the data will show that fewer medically necessary services were provided than was authorized.

When entering in a service confirmation, can we enter multiple modifiers?

Providers can input up to 4 modifiers.

What if there are more than 4 modifiers applicable for the service?

Providers should include the modifiers (up to 4) that are most common for the service provided to the member. Your payment will not be impacted if you have more or different modifiers on your claims than what you added into the portal.

When entering the service code and modifiers in the Portal would we make two different entries if we plan to provide a service without modifiers and the same service with modifiers for a specified number of units? Would we enter the service once or make multiple entries? For example, we are planning to provide H2014 (Skills Training and Development) for 4 units and H2014 (with the group modifier -HQ) for 8 units.

Either option would be acceptable. It depends on whether or not you want to be able to view the service confirmations and their available units for the service as whole or separate with the relative modifiers.

Do we enter the Medical Necessity Determination Date (MNDD) for members that we are currently serving as of 01/01/21?

Beginning 01/01/21, you only need to enter the MNDD when you start to provide a new service to a member you are currently serving or you start to provide services to a new member.

Does the authorization reference number generated by the portal need to be put into the EVV system by the provider or does the client information and authorization for service automatically populate in the EVV?

If you use the Sandata System, within the portal you can view remaining units for prior authorizations and service confirmations. If you use an Alternate EVV Vendor System, you will need to consult with your vendor to see if/how that system reports this information.

What is the allowable maximum date out for the service end date?

AHCCCS will allow a service confirmation to be entered for dates of service up to one year.

How do you define the “units” required data element in the portal? Are you referring to billable units? (Example one service that occurs for one hour = four units?)

In this context, we are referring to billable units that will be reported on your claim for the service.

What if we do not know the number of units prior to the upload?

The number of units is a critical element to the service confirmation. The record should not be entered until this element is known or can be estimated.

What is the maximum number of units that can be included in the service confirmation?

The provider should estimate an appropriate amount for the service based upon the service or treatment plan. We encourage providers to enter in the service confirmations consistent with the review cycle of the service or treatment plan.

Can you do retro authorizations?

The portal supports entering service confirmations for both retro and prospective dates of service. However, it is important to note that the authorization/service confirmation and visit data must be recorded prior to submitting a claim.

Will the authorization reference number be required on the claim submission for payment?

No, there are no changes to claims submission requirements because of EVV.

Is there a bulk upload option? If yes, can we test the file before we submit?

Yes, there is a bulk upload option. A provider can test this prior to production submission. This will help to ensure the file is in compliance for smooth processing. Please submit the test file to Julie Nieder (Julie.Nieder@azahcccs.gov) for processing and feedback of approval or changes that need to occur for successful submission.

Is there a print function to print the search results showing all the authorization numbers?

There is no print function however you can right click and print the screen that is visible or if you have the snipping tool that can also be used.